



# Inspection Report on

**Wilbury House Limited**

**Kington**

## **Date Inspection Completed**

28/03/2024

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## About Wilbury House Limited

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing   |
| Registered Provider                                   | Wilbury House Limited   |
| Registered places                                     | 3   |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 24 January 2023   |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People have positive relationships with care staff. Individuality is recognised and support is offered to promote people's independence. Care staff are knowledgeable about people's needs and treat them with kindness and consideration. Personal plans outline people's current needs and help care staff to understand how best to provide support. Reviews are completed to ensure plans remain up to date and potential risks are understood. The provision of purposeful activities help people to meaningfully occupy their day. Medication administration and storage is well managed.

Care staff have sufficient time to offer care in an unhurried manner. The environment is safe and benefits from ongoing improvement and redecoration. Recruitment checks are completed to ensure care staff are suitable to undertake their role. A range of policies and procedures support the running of the service and directs positive practices. Quality assurance processes are in place to evaluate the care provided. Care staff receive regular supervision and feel supported by the management team. Training is provided to support staff competencies.

## Well-being

People are supported to have a voice. Care staff have a good knowledge of people's routines as well as what is important to them. A range of community activities are sought, and the service considers outcomes to ensure these experiences are positive. A small consistent team of staff are familiar with how people communicate, this supports choices and decision making. The service gathers a variety of opinions when reviewing the care provided. Bedrooms can be personalised to reflect individual interests and people are supported to make choices about how they spend their day. Least restrictive practices ensure people's rights and choices are considered.

The environment appears safe and welcoming. People have access to personal spaces which supports their privacy. Communal areas are pleasantly decorated and are accessible. Fire and general safety checks consider any potential hazards to people or care staff. Cosmetic improvements and repairs are completed as part of an ongoing maintenance programme.

People's physical and emotional wellbeing is supported. Personal plans are written positively to reflect people's strengths and abilities. The service documents people's care needs and provides opportunities for care staff to view these records before providing direct care. Documents contain strategies on how to achieve goals and risk assessments promote people's safety. Medication processes ensure people receive their medication as prescribed. People have things to look forward to and positive contact with relatives is encouraged and supported.

Risks are considered. People receive support from care staff who are safely recruited. Care staff benefit from ongoing training to undertake their role competently and safely. The manager is visible within the service and care staff feel confident in raising any concerns. Staff receive training to deal with potential safeguarding issues and have access to up to date policies and guidance. There is sufficient personal protective equipment (PPE) in place. Regular auditing ensures practice remains of a good standard.

The service is working towards a Welsh "active offer". Currently there are no care staff or people living at the service who speak Welsh. Measures have been taken to provide bilingual signage and Welsh language documents are available upon request.

## Care and Support

People receive a good standard of care from staff. Although we were unable to gather direct feedback, we observed care staff approaching people in a kind and patient manner. We saw people looking comfortable and responding well to staff interactions. One relative commented *“Everything is going well,” “X looks happy and content”* and *“We have got no complaints about the care.”* Care staff confirm they have adequate staffing levels to respond to people’s needs in a timely manner and they strive to provide positive outcomes for people. Comments include *“It’s their home, people are at the forefront,”* and *“People seem happy and content.”*

People have things to look forward too and measures are in place to support overall wellbeing. Activity plans show regular opportunities to attend group and one to one sessions within the service and local community. The manager confirmed the services plans to expand the current range of activities to offer people greater choice and variety. People have opportunities to maintain contact with family members who matter to them. A relative told us *“We meet once a month for lunch it is lovely, we all enjoy it,”* and *“We can visit when we like.”* The service encourages people to contribute to cooking and domestic tasks to support independence and a sense of belonging. People take part in food shopping and the preparation of meals and menus are tailored to individual choice and tastes. Referrals are made to health and social care professionals and people attend routine health appointments. Where people lack capacity decisions are made to support their best interest and ensure least restrictive practices.

Care staff have access to up to date information. Personal plans detail how each person’s care is to be provided. One page profiles outline peoples likes and dislikes and how they want to be supported. Reviews ensure personal plans are kept up to date, they consider changes in people’s needs and request feedback from professionals and relatives. Documents consider risks to ensure people remain safe. Daily recordings outline people’s day including their health, mood, participation in social and domestic activities and dietary intake.

Medication is stored and administered as required. We saw medication stored securely in a locked cabinet. Daily temperature checks are undertaken, but we found records need further strengthening. Medication Administration Records (MAR) are signed to evidence medication is given as required. There is effective auditing and ordering of medication to ensure practices remain safe.

## Environment

People are supported in a suitable environment. The property appears clean and welcoming. The service offers communal spaces including a separate lounge and dining area. People can bring belongings to personalise their rooms to their own tastes. The laundry facilities are well appointed, and the kitchen space is large enough to support communal cooking. The garden offers a safe outdoor space with a seated area to view the surrounding countryside.

People live in a safe environment. Key areas of the building have benefited from cosmetic decoration and repairs. Cleaning products are stored correctly and kept locked away when not in use. Care staff advise they have the necessary cleaning equipment required. A fire risk assessment is in place and fire drills are completed routinely. People living at the service have a Personal Emergency Evacuation Plan (PEEP) in place, which guides care staff on how to evacuate people in the event of an emergency. All care staff receive training in fire safety and take part in regular fire drills. The service has been awarded a food hygiene rating of 5 which means the food hygiene standards are very good. Care staff confirm they have a good supply of personal protective equipment (PPE) and are confident in using this.

## Leadership and Management

The service has good governance arrangements. A range of policies and procedures are in place to support the smooth running of the service and provide guidance on positive care standards. The service rarely uses agency staff as they have a sufficient staff team in place to cover any shortfalls. The manager undertakes routine audits to ensure practice remains safe and of a good standard. Team meetings provide updates on any changes to people or policies and allows staff to raise any queries or concerns. Three monthly RI visits and six monthly quality assurance reports gather feedback to evidence where the service is performing well and any areas requiring improvement.

Care staff are happy working at Wilbury House and feel valued and supported. Many of the staff team have worked in the service for a number of years and tell us the management team are helpful and responsive. Care staff report the team works well together, comments include *"We are very flexible, work well as a team and work it out between us."* Documents and feedback from staff evidence they receive regular formal supervision. They also advise the ongoing presence of the manager supports them to have regular informal discussions and support. A staff member told us *"The bosses are brilliant"* while another stated *"Amazing, best company I have worked for."* and *"The manager is always on hand I don't feel reluctant to go to them."* Care staff confirm they have access to sufficient supplies, comments include *"We have everything you need, it's all stocked up."* and *"I have everything I need to do my job, if not I can get it."*

Recruitment checks are robust, and care staff receive ongoing training opportunities. We examined a selection of personnel files and found recruitment checks are completed prior to employment. We saw evidence care staff benefit from an initial induction period followed by several shadowing opportunities. Care staff tell us they have opportunities to attend a blend of online and face to face or training. We examined the training matrix and saw all staff complete mandatory training as well as other specialist courses to ensure they understand the needs of people.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | Compliance was tested at this inspection and was achieved.  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

| Regulation | Summary   | Status   |
|------------|---|----------|
| N/A        | No non-compliance of this type was identified at this inspection  | N/A      |
| 35         | The service provider has not carried out the required recruitment checks on people before they commence employment. | Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.



### Area(s) for Improvement

| Regulation | Summary   | Status   |
|------------|---|----------|
| N/A        | No non-compliance of this type was identified at this inspection  | N/A      |
| 15         | Personal plans do not evidence people's involvement in agreeing personal outcomes they want to achieve. | Achieved |
| 44         | The external grounds needs work to make them suitable and safer for people to use.                      | Achieved |

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